



Tennessee Department of Human Services
CLAIM FOR REIMBURSEMENT
CHILD AND ADULT CARE FOOD PROGRAM

1. Check Appropriate Claim Type <input type="checkbox"/> Original Claim <input type="checkbox"/> Revised Claim (Based on Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N)	2. Check Appropriate Submission Type <input type="checkbox"/> Timely Submission <input type="checkbox"/> Late Submission 3. Agreement Number <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	4. Name and Address of Institution: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>																																									
5. Month and Year Claimed Month <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		6. Total Number of Days Food Service was Provided for Period Claimed <div style="border: 1px solid black; width: 40px; height: 20px; float: right;"></div>																																									
7. Total Attendance for Claim Period																																											
A. Child or Adult Care Centers <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	B. Outside School Hour <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	C. Eligible for Proprietary Title XX/Title XIX Centers <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>																																									
8. Eligible Proprietary Title XX Centers (Child) or Title XIX Centers (Adult) <div style="border: 1px solid black; width: 60px; height: 20px; float: right;"></div>																																											
Total Number of Meals Served to Participants in Child/Adult Care Centers																																											
	A. Breakfasts	B. Lunches	C. Suppers	D. Snacks																																							
9. Free	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																																							
10. Reduced	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																																							
11. Paid	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																																							
(Required for all Claims)																																											
12. Total	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																																							
13. Total Number of Participants Enrolled in Centers for this Claim Period	Free	Paid	Reduced																																								
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																																								
14. Actual Operating and Administrative Expenses for Reporting Month for this Contract:																																											
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 45%;">Category</th><th style="width: 25%;">Month Ending</th><th style="width: 30%;">Year to Date Total</th></tr></thead><tbody><tr><td>Administrative Salaries</td><td>\$</td><td>\$</td></tr><tr><td>Administration Benefits</td><td>\$</td><td>\$</td></tr><tr><td>Printing</td><td>\$</td><td>\$</td></tr><tr><td>Office Supplies</td><td>\$</td><td>\$</td></tr><tr><td>Communications</td><td>\$</td><td>\$</td></tr><tr><td>Staff Training</td><td>\$</td><td>\$</td></tr><tr><td>Indirect Costs</td><td>\$</td><td>\$</td></tr><tr><td>Occupancy</td><td>\$</td><td>\$</td></tr><tr><td>Utilities</td><td>\$</td><td>\$</td></tr><tr><td>Travel</td><td>\$</td><td>\$</td></tr><tr><td>Contracted Services</td><td>\$</td><td>\$</td></tr><tr><td>Other-Specify</td><td>\$</td><td>\$</td></tr></tbody></table>					Category	Month Ending	Year to Date Total	Administrative Salaries	\$	\$	Administration Benefits	\$	\$	Printing	\$	\$	Office Supplies	\$	\$	Communications	\$	\$	Staff Training	\$	\$	Indirect Costs	\$	\$	Occupancy	\$	\$	Utilities	\$	\$	Travel	\$	\$	Contracted Services	\$	\$	Other-Specify	\$	\$
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Other-Specify	\$	\$																																									

15. Do you receive any other money from other CACFP Programs? ☐ Yes ☐ No

If yes, please list these contracts:

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I certify that the information on this application and the attached Site Information Document(s), is true to the best of my knowledge, that reimbursements will be claimed only for meals served to eligible children at approved food service sites, and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served and that the organization will directly operate the Program in accordance with 7 CFR 225.14(d)(3). I understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, sex, age or disability. If government sponsor, I certify that the program is directly operated at all sites.

16. Signature of Authorized Representative

17. Title

18. Preparation Date

____/____/____

All receipts, invoice and other evidence of purchase must be retained and available for future audit for a period of 3 years after the end of the fiscal year to which they pertain.

No further reimbursement shall be paid under the CACFP for the period covered by this claim unless this is completed and filed as required by the Tennessee Department of Human Services and the Federal Regulations at 7 CFR Part 226